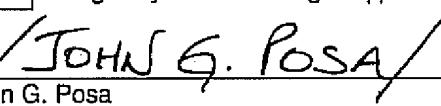


| | | | | |
|--|---|--|-----------------------------------|----------------------------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. BAF-16402/29 |
| Application No. 10/652,842-Conf. #2836 | Filing Date August 29, 2003 | Examiner T. Sweet | Art Unit 3738 | |
| Applicant(s): Bret A. Ferree | | | | |
| Invention: CEMENTED ARTIFICIAL DISC REPLACEMENTS | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | 9 | - 33 = | 0 | x 25.00 |
| Independent Claims | 1 | - 3 = | 0 | x 100.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00 | | | | |
| <input type="checkbox"/> Large Entity | | <input checked="" type="checkbox"/> Small Entity | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 07-1180 as described below. A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
|  John G. Posa Attorney/Agent Reg. No.: 37,424 | | | | |
| Dated: November 30, 2006 | | | | |
| GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (734) 913-9300 | | | | |